

FILED MAR 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9624**

BIRTH NO. _____		REG. DIST. NO. 296		PRIMARY REG. DIST. NO. 6017		Registrar's No. 7		
1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Ray				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Camden Twp.		c. LENGTH OF STAY (in this place) 29 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Camden Township				
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) 0				
3. NAME OF DECEASED (Type or Print) a. (First) Daniel b. (Middle) W. c. (Last) Ferguson			4. DATE OF DEATH (Month) (Day) (Year) March 1, 1949					
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH April 11, 1870		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Carney, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME First George C. (Ferguson)			13b. MOTHER'S MAIDEN NAME Mary Elizabeth Chick		14. NAME OF HUSBAND OR WIFE Mary Jane Ferguson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Barbara Woods ADDRESS Camden, Mo					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS 1331K Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 wks	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No.		21b. PLACE OF INJURY (e.g., in or about home, farm, tent, street, office, etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Feb 28, 1949 , to March 1, 1949 , that I last saw the deceased alive on 28th Feb 1949 and that death occurred at 9:30 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) E. B. Gay M.D.				23b. ADDRESS Richmond		23c. DATE SIGNED 3-3-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 3, 49	24c. NAME OF CEMETERY OR CREMATORY Sunny Slope		24d. LOCATION (City, town, or county) (State) Richmond, Mo.			
DATE REC'D BY LOCAL REG. -3-3-49	REGISTRAR'S SIGNATURE Helen J. Larkin		25. FUNERAL DIRECTOR'S SIGNATURE B. W. Good		ADDRESS Orrick, Mo.			

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-22-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No. _____

Signed.....
Student Embalmer

Signed

Victor E. Jennings

Licensed Embalmer No. 5898

P. O. Address Liberty Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.